### **Shared Savings Health Plans Grievance, Appeal and Fair Hearing Log (redacted)**

Health Plan ID: 2162438

Health Plan Name: UnitedHealthcare Community Plan

Health Plan Contact: \*\*\*

Report Period Start Date: 1/1/2014 Report Period End Date: 3/31/2014 Report Due Date: 4/30/2014

# **BAYOU HEALTH Reportion**

DocumentID: SS117 Revision Date: 11/01/2
Document Name: Grievance, Appeal and Fair Ho

Reporting Frequency: Quarterly

Report Due Date: April 30, July 30, October 30,

File type: Excel
Subject Matter: Member Services

(Shared Health Plan Name)		
BAYOU HEALTH Grievances and State Fair Hearings Report		
II. Review Activities		
	Grievances	State Fair Hearings
Number of grievances received and reviewed:		
Number of grievances resolved:		
Average length of time to complete each grievance		
Number of State Fair Hearings received:		9
Number of State Fair Hearing request considered invalid:		0
Number of State Fair Hearings withdrawn:		0
Average length of time to complete each State Fair Hearing request:		5
Number of overturned decisions at State Fair Hearing Level:		0
Number of upheld decisions at State Fair Hearing Level:		3
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:		4
Percentage of overturned decisions at the State Fair Hearing level:		0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:		27%
In cases where the health plan decision was overturned in the member's favor at the State Fair Hearing level, what were the mos	t common reaso	ns?
n/a		
In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reason	ons?	
Additional information received		
List the top 5 reasons that were most commonly the subject of grievances:		
1. Billing		
2. Quality of Care		
3. Attitude/service of provider		
4. Access		
5. Timeliness		
Additional Information Required for Annual Report Submission		
	Grievances	State Fair Hearings
Number of grievances/ State Fair Hearings still pending at the end of Contract Year:		
Percentage of overturned decisions at State Fair Hearing Level in Contract Year:		
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year:		

<u>ng</u> 2013

earing Log (Redacted)

and January 30

#### **Shared Savings Health Plans Grievance, Appeal and Fair Hearing Log (redacted)**

Health Plan ID: Health Plan Name: Health Plan Contact:

Report Period Start Da 1/1/2014
Report Period End Date 3/31/2014
Report Due Date: 4/30/2014

#### (Shared Health Plan Name) **Reason Summary Chart Number of Number of State Fair Reason Number Code** Reason Grievances Hearings **Quality of Care** 5 1 2 Accessibility of office 1 3 Attitude/Service of staff 5 Quality of office, building 4 5 **Timeliness** 1 6 **Benefit Limitations/Exclusions** 1 7 **Billing and Financial issues** 109 Clinical Criteria Not Met -8 **Durable Medical Equipment Clinical Criteria Not Met -**9 **Inpatient Admissions Clinical Criteria Not Met -**5 10 **Medical Procedure** 11 **Prior or Post Authorization** 12 Lack of Information from Provider **Level of Care Dispute** 13 3 14 **Not a State Plan Services**

Other

(Must provide description in narrative column of Summary Reports)

**TOTALS** 

DO NOT ADD OR CHANGE REASON CODES

121

9

15

## **BAYOU HEALTH Reporting**

DocumentID: SS117 Revision Date: 11/01/2013

Document Name: Grievance, Appeal and Fair Hearing Log (Redacted)

Reporting Frequency: Quarterly

Report Due Date: April 30, July 30, October 30, and January 30

File type: Excel

**Subject Matter: Member Services**